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VOLUME I - ADMINISTRATION  
**PART 13 - PLANNING DOCUMENTS AND REPORTS**

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**Chapter 13-2 PROGRAM JUSTIFICATION DOCUMENT (PJD)**

This chapter contains the prototype Program Justification Document (PJD). The prototype is a generic, "fill-in-the-blank" model that prompts for minimum essential information. The Area Office is expected to supplement this prototype PJD with additional information as required for clarity. A PJD is required for each proposed health facilities construction project before design and construction may begin. All PJDs are approved by the Director, Division of Facilities and Environmental Engineering, unless authority for approval is otherwise delegated.

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PROGRAM JUSTIFICATION DOCUMENT

[Hospital/Health Center]

[Location], [State]

[Month] [Year]

[Name of Area]  
INDIAN HEALTH SERVICE  
PUBLIC HEALTH SERVICE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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PROGRAM JUSTIFICATION DOCUMENT  
INDIAN HEALTH SERVICE  
[Hospital/Health Center]  
[Location], [State]

RECOMMEND APPROVAL:

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[Name]  
Director, [Name of Area]  
[Assistant Surgeon General (If applicable)]  
Indian Health Service

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Date

APPROVE:

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[Name]  
Director, Facilities and Environmental Engineering  
Office of Public Health  
Indian Health Service

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Date

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PROGRAM JUSTIFICATION DOCUMENT  
INDIAN HEALTH SERVICE

[Hospital/Health Center]  
[Location], [State]

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Tab A: Maps

Tab B: Justification for New Health Care Services (If required)

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Tab F: Cost Analysis - Direct Versus Contract Inpatient Care  
(Required for inpatient facilities only)

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Appendix 1: Justification for Space Deviations (If required)

Appendix 2: Justification for Space for Tribal Programs  
(If required)

Tab H: Program Justification Document for Quarters (If required)

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LIST OF ABBREVIATIONS

ADA	Americans with Disabilities Act	m <sup>2</sup>	square meters
ADPL	average daily patient load	OB/GYN	Obstetrics & Gynecology
AI/AN	American Indian & Alaskan Native	OMB	Office of Management and Budget
ALOS	average length of stay	OPV	outpatient visits
BIA	Bureau of Indian Affairs	PCPV	primary care provider visits
CEO	Chief Executive Officer	PJD	Program Justification Document
CHR	community health representative	PJDQ	Program Justification Document for Staff Quarters
CHS	contract health services	POR	Program of Requirements
FY	fiscal year	QCPS	Quarters Construction Priority System
ha	hectares	RRM	Resource Requirements Methodology
HFCPS	Health Facilities Construction Priority System	RRMNA	Resource Requirements Methodology Needs Assessment
HFBM	Health Facilities Planning Manual	SSER	Site Selection and Evaluation Report
HVSR	Housing Verification Survey Report	SU	Service Unit
IHS	Indian Health Service	SUD	Service Unit Director
IPD	inpatient day	TFGA	total floor gross area
JCAHO	Joint Commission on the Accreditation of Healthcare Organizations	UFAS	Uniform Federal Accessibility Standards
km	kilometers		
m	meters		

[Add and delete abbreviations as appropriate to specific document.]

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**I. INTRODUCTION**

In [year], Phases I and II of the Indian Health Service (IHS) Health Facilities Construction Priority System (HFCPS) were applied to health care delivery programs nationwide. The proposal to construct a new or replacement facility to provide health care services space at [name] was among those selected during Phases I and II for further evaluation. During Phase III, the IHS has assessed the health care needs of the Indian population at this location and evaluated the ability of the existing health care delivery system to meet those needs. The major issues evaluated during the HFCPS process are the utilization of the existing system; the size and condition of existing space; the ability of the existing space to support an accessible, modern health care delivery system; and the proximity of other health care facilities. The findings of this evaluation are that [a new facility is required at (name)] [or] [the existing facility (name) is inadequate and requires replacement, significant renovation, and/or expansion].

The proposed [new/replacement/renovated and expanded] health care facility will consist of [number] gross square meters (m<sup>2</sup>) and will provide a full range of [inpatient,] ambulatory care, and community health services for residents of the [name] Service Area. The proposed health care facility will replace an existing [number] m<sup>2</sup> facility.

This PJD was prepared to delineate the program necessary to meet the needs of the eligible population, to describe the methods for providing that program, and to present the reasoning to justify [expansion and/or replacement of an existing or construction of a new] facility. It also describes the requirements for staff quarters needed to support the [new/replacement/expanded] health facility.

**II. DESCRIPTION OF SERVICE AREA**

**A. Location:** The [name] Reservation is located in [State and location within State in relation to the Area Office]. The community of [name] is located [location within Reservation]. The Service Area includes the counties of [ ]. See Tab A for Area and Service Unit maps [maps are to note location of existing and proposed health care facilities].

**B. Access:** [Describe Service Area in terms of isolation and type, size, condition, and general maintenance of roads. Include the type

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and frequency of restricted driving conditions or road closures due to weather, etc. Describe the availability of public transportation.]

C. Demographics: The IHS fiscal year (FY) [date] estimate of the [name] service area population is [number]. The population density of the reservation is [number] persons per square kilometer. [Discuss population trends of the reservation in terms of ages, births, and deaths in relation to the population of non-Indians in the surrounding community, state, and nationally. Also discuss Indian population concentrations and their distances from the health facility.]

The major cities within driving distance of the [name] Reservation are [Give the name, state, distance, direction, and population of the cities.]

D. Topography and Climate: The area is [describe the general features of the terrain. Give the altitude of the general location of the proposed facility.] The average high temperature in the summer is [degrees], and the average low temperature in the winter is [degrees]. The annual precipitation ranges from [number] millimeters to [number] millimeters. [Describe any unusual weather conditions that are common to the area, such as winds, fog, etc.]

E. Housing and Public Facilities: [Describe the housing in the area and its availability. List the amenities available in the community, such as grocery/convenience stores, service stations, restaurants, post office, police and fire departments, churches, transportation facilities, etc. Discuss any planned future community developments.]

F. Utilities: [Describe what utilities are available and who provides them. Describe to what extent the utilities, such as telephone, water and sewer, electricity, natural gas, etc., are available to all reservation households. Describe what alternative fuel services are available. Describe what media services are available: how many and what frequency.]

G. Education: [Describe the school systems available on and off the reservation. What are the grade levels of the schools? Are any new schools being planned and/or funded? Describe the level of education of the reservation population.]

H. Economy: [Describe the economy of the service area. What are the principal sources of income for the population? Give the level of unemployment for the population. List any significant natural resources, such timber, minerals, etc.]



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I. Social and Political Profile: [Describe the social profile of the reservation. Give a brief history of the tribe, when it was Federally recognized, and its political structure.]

III. **PROGRAM SERVICES**

A. Health Status of Eligible Service Area Residents: The health status of the [tribe] and American Indians residing in the [name] Service Area is typical of an economically depressed and medically under-served area. [Describe the reasons for the poor health status of the residents.]

B. Current and Proposed Health Service Programs: Services at the [name of facility] are limited. [Describe the current operation of the health care delivery program and services available through direct and contract care.]

The proposed health care delivery program will expand existing services at [facility name] and will include additional services to provide [comprehensive health care/primary health care] for the residents of the service area. [Give a brief description of new services and indicate those services that will continue to be provided by contract.]

Specific services to be provided at the [health care facility] are:

**EXISTING SERVICES**

**NEW SERVICES**

[List appropriate existing or new services by column. Use the same service designations as in the Health Facilities Planning Manual.]

See Tab B for justifications for proposed new services [if applicable].

IV. **PROGRAM JUSTIFICATION**

The organization and delivery of health care by the IHS has its basis in treaties and laws enacted by the Congress, and in judicial rulings. The Snyder Act of 1921, IHS' authorizing legislation, linked IHS services to congressional appropriations providing for the use of "...such monies as the Congress may from time to time appropriate, for the benefit, care and assistance of Indians..." The Congress has

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authorized services primarily to members of federally-recognized tribes who live on or near reservations, or in traditional Indian country.

The goal of the IHS is to elevate the health status of American Indians and Alaska Native people to the highest possible level. The IHS mission is threefold:

1. To provide and/or assure the availability of high quality comprehensive, accessible services;
2. To provide increasing opportunities for Indians to manage and operate their own health programs; and
3. To serve as an advocate for Indian people.

The proposed health care facility will provide space that supports a modern health care delivery program. This will improve access to the basic medical services that are necessary to maintain and promote health for the residents of the service area.

**A. Alternative Sources of Health Care:** [State if there are/are not other IHS or non-IHS health care facilities] within the IHS accessibility radius for [inpatient/ambulatory] care services. The nearest IHS alternate source of [inpatient/ambulatory] service is [name of facility and distance and direction from population center of service area]. The nearest non-IHS alternative source of inpatient service is [name of facility and distance and direction from population center of service area]. [Give brief description of access to these facilities, addressing road conditions, weather conditions, means of transportation, age and condition of facilities, and ability to accommodate the health care needs of the service area population.] Other IHS facilities at [name and location] cannot accommodate the health care needs of the service area population. See Tab C for detailed consideration of other sources of health care.

**B. Projected Workload:** The workload statistics presented in Table I have been reviewed and validated. See Tab D, Workload Projection Forms. [The workload list below is a generic list; items which are not applicable to a specific project may be omitted.]

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TABLE I - WORKLOAD SUMMARY

<u>STATISTICAL CATEGORY</u>	<u>CURRENT</u> <u>FY [ ] [ ]</u>	<u>PROJECTED</u> <u>FY [ ] [ ]</u>
Inpatient Days		
Admissions		
Average Daily Patient Load (ADPL)		
Surgery Cases		
Deliveries at the facility		
Newborns cared for at the facility		
Level II Nursery Days		
Intensive Care Unit Days at the facility		
Inpatient Beds		
Primary Care Provider Visits (PCPV)		
Outpatient Visits (OPV)		
Outpatient Eye-care Visits		

C. **Staffing:** [Describe the existing staffing and if a shortage of staffing is hindering the delivery of health care. Describe how insufficient program space (if appropriate) is contributing to the shortage of staffing.]

Proposed staffing is based on an application of the Resource Requirements Methodology. See Tab E for staffing summary.

D. **Cost of Direct Versus Contract Health Care** (required only if the new or replacement facility will include inpatient services):  
[Summarize findings of cost analysis and describe how it supports direct health care and this construction project.] See Tab F for detailed cost analysis.

E. **Existing Health Facility:**

1. **Location.** The existing health facility is located [state where the facility is located on the reservation and with respect to the population centers, and the condition of access routes to it.]

2. **Facility Description.** [Describe existing facility in terms of type of construction, number of buildings, age of buildings, square meters, bed capacity, functional limitations of capacity, structural condition, and utilities, noting deficiencies of each. Identify number and cost of deficiencies identified in the Facilities and Equipment Deficiencies System (FEDS) and note what

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impact correction of these deficiencies may have on the structural and functional adequacy of the existing facility to accommodate proposed health service programs. Discuss any expansions, renovations, improvements, etc. (Insert color photographs highlighting deficiencies of existing facility.))]

3. Site Deficiencies. [Describe the general conditions of the existing facility site with regard to location, size, access roads, parking areas, utilities, etc. Is the site large enough to accommodate the proposed facility expansion, and, if not, is adjacent land available?]

4. Space Deficiencies. [Expand upon the size of the facility/facilities and what they were originally designed for, and how that usage has changed. Describe how the present facility fails to support a modern health delivery system in terms of adequate space for existing services, new services, and to accommodate existing and new staff. Explain why the lack of space, inadequate room sizes, and the floor plan do not support a well-functioning health care program.]

5. Feasibility Study. Engineering Services is conducting a feasibility study to determine the future use of the existing facility. It is anticipated that the existing facility will [Describe what the final disposition of the existing facility will be, e.g., replaced, expanded, renovated, transferred to tribe, or razed.]

6. Conclusions. [Summarize conclusions and explain why the existing health care facility cannot support a modern health care delivery system.]

F. Proposed Facility to Meet Program Needs: [Describe the proposed facility in terms of location, bed capacity, and square meters, indicating how it will meet program needs. Indicate if the proposed facility is to be new, a modernization, an addition, or a combination of these.]

V. NEW FACILITY SUMMARY DATA (Note: See Tab H for quarters summary data.)

A. Proposed Site: The Phase I Site Selection and Evaluation Report was completed on [Month] [Day], [Year]. The site recommended for the proposed facility is [describe site, including size, location, and general topography]. The Phase II Site Selection and Evaluation Report will be submitted with the Program of Requirements.

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**B. Proposed Space:** The net and gross areas for the proposed facility are summarized by service in Table II below. Space requirements by department are in Tab G. Justifications for deviations from the square meters that are allowed in the Health Facilities Planning Manual are in Appendix 1, Tab G (if required). [Space for any tribal programs that are to be included in the proposed facility must be justified in Appendix 2, Tab G.]

**TABLE II - DEPARTMENTAL SPACE REQUIREMENTS**

	Department Net Square Meters (DNM <sup>2</sup> )	Department Gross Square Meters (DGM <sup>2</sup> )	Floor Gross Square Meters (FGM <sup>2</sup> )
Inpatient Services			x 1.2
Diagnostic Services			x 1.2
Ambulatory Services			x 1.2
Administrative Services			x 1.2
Support Services			x 1.2

Total

Total FGM<sup>2</sup>

Major Mechanical Space = \_\_\_\_\_ x 0.12 = [       ]

Special Space [List FGM<sup>2</sup> for any special space such as arctic entries, interstitial space (hospitals only), detached garages for heavy equipment, etc. Justification must be provided in Appendix 1. Tab G.]

Facility Building Gross Square Meters = [       ]

**C. Project Schedule:** The project schedule for the proposed project based on the IHS Budget Cost Estimating System is as follows:

Design begin	[Month] [Year]
Design completion	[Month] [Year]
Construction begin	[Month] [Year]
Construction completion	[Month] [Year]

(Note: See Tab H for staff quarters design and construction schedule.)

**D. Cost Estimate:** The following cost estimate for the proposed facility is based on the above schedule and the IHS Budget Cost Estimating System:

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Phase I	\$
Phase II	
Phase III (if applicable)	
Phase IV (if applicable)	
TOTAL	\$ _____

(Note: See Tab H for cost estimate for staff quarters.)

**VI. QUARTERS FOR STAFF**

[NOTE: If additional staff quarters are required to support the staffing proposed in this PJD, a Program Justification Document for Quarters (PJDQ) must be included as a Tab to this document. See Technical Handbook, Volume II, Part 13, Chapter 13-6 for prototype PJDQ to be used.]

The need for staff quarters has been evaluated and it has been determined that additional quarters are [not] required to provide housing for the additional IHS staff to be assigned to the proposed [new/replacement] facility. Table III provides a breakdown of the existing quarters and proposed new quarters to be constructed. The new quarters will assure the availability of safe, suitable housing for non-local personnel essential to the IHS health care delivery system for the [facility name]. Table IV indicates the net and gross areas of the proposed new quarters, applying the criteria found in OMB Circular A-45. A Program Justification Document for Quarters, describing the quarters requirements, is attached in TAB H. [Note: If no quarters are required, omit Tables III and IV.]

**TABLE III - PROPOSED QUARTERS PROFILE**

		Number of Quarters Units		
		Existing	New	Total
Rental Quarters:	1 bedroom:	[ ]	[ ]	[ ]
	2 bedroom:	[ ]	[ ]	[ ]
	3 bedroom:	[ ]	[ ]	[ ]
	4 bedroom:	[ ]	[ ]	[ ]
Transient Quarters:	1 bedroom:	[ ]	[ ]	[ ]
TOTAL QUARTERS UNITS:		[ ]	[ ]	[ ]

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TABLE IV - NET AND GROSS AREAS FOR PROPOSED NEW QUARTERS

	NO.OF NEW QTRS. UNITS	NET UNIT AREA <sup>1</sup> (m <sup>2</sup> )	TOTAL NET AREA (m <sup>2</sup> )	NET TO GROSS FACTOR	TOTAL GROSS AREA (m <sup>2</sup> )	GARAGE/ CARPORT/ STORAGE (m <sup>2</sup> )
<u>Single Family</u>						
2 bedroom:	[   ]	93 (102)	[   ]	1.25	[   ]	[   ]
3 bedroom:	[   ]	131 (144)	[   ]	1.25	[   ]	[   ]
4 bedroom:	[   ]	155 (171)	[   ]	1.25	[   ]	[   ]
<u>Multi-Family</u>						
1 bedroom:	[   ]	75 (83)	[   ]	1.25	[   ]	[   ]
2 bedroom:	[   ]	93 (102)	[   ]	1.25	[   ]	[   ]
3 bedroom:	[   ]	131 (144)	[   ]	1.25	[   ]	[   ]
<u>Transient</u>						
1 bedroom:	[   ]	56 (62)	[   ]	1.25	[   ]	[   ]
<hr/>						
TOTAL QUARTERS:	[   ]		[   ]	1.25	[   ]	[   ]

Note 1 to Table IV:

Net unit areas are for a normal location, based on OMB Circular A-45, Revised October 20, 1993. Areas shown in parentheses ( ) are for remote locations. Designation of "remote location" is made by IHS headquarters.

The net unit area for required handicapped accessible quarters (5% of total quarters units) may be increased by 10%.

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TAB A

MAPS

[Include map(s) showing the general area of the Reservation, the Service Unit area, and the location of the existing and proposed facilities].



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TAB B

**JUSTIFICATION FOR NEW HEALTH CARE SERVICES**

[Include, as applicable, data and methodology to justify the need for proposed new services].

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TAB C

ALTERNATIVE SOURCES OF HEALTH CARE

1. Ratios of Physicians to Total Population in the Area:

- a) The [year] ratio of physicians to residents for the [name] Service Unit [is/was] [number] to [number] people (ratio).
- b) The [year] ratio of physicians to non-Indian residents for the [number] principal counties of the service unit (is/was) [number] to [number] (ratio).
- c) There are no known pending applications for additional health services through the Rural Health Initiative or National Health Service Corps programs for any county in the area (state if applicable).

2. Other IHS facilities that provide health care services in this service unit:

a) Inpatient

	Distance to	Travel	Beds	JCAHO
<u>Facility Name/Location</u>	<u>Proposed Site</u>	<u>Time</u>	<u>(#)</u>	<u>ADPL (y/n)</u>

b) Ambulatory

	Distance to	Travel
<u>Facility Name/Location</u>	<u>Proposed Site</u>	<u>Time</u>

[Give a brief synopsis of the programs in the above facilities and state whether they can/cannot support the health care delivery program at the service unit.]

3. Private clinical facilities that are potential sources of health care services to the targeted population:

a) Inpatient

	Distance to	Travel	Beds	JCAHO
<u>Facility Name/Location</u>	<u>Proposed Site</u>	<u>Time</u>	<u>(#)</u>	<u>ADPL (y/n)</u>

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b) Ambulatory

	Distance to	Travel
<u>Facility Name/Location</u>	<u>Proposed Site</u>	<u>Time</u>

[Give a brief synopsis of the programs in the above facilities and state whether they can/cannot support the health care delivery program at the service unit.]

[Use these facts to discuss how the proposed facility can best meet Service Unit health care needs. Attach map(s) showing locations of all noted facilities in relation to the proposed facility].

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TAB D

WORKLOAD PROJECTION FORMS

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TAB E

**STAFFING SUMMARY**

<u>Service</u>	<u>Current Authorized Positions</u>	<u>Additional Required Positions</u>	<u>Total RRM Requirement</u>
----------------	---	--	--------------------------------------

[List applicable services from the Health Facilities Planning Manual, using the following format:]

Acute Care Nursing

Nursery

Intensive Care/Step-Down:

Surgery

Labor/Delivery

Etc.

TOTAL

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**TAB F**

**COST ANALYSIS - DIRECT VERSUS CONTRACT INPATIENT CARE**

(See Technical Handbook, Volume II, Part 11, Chapter 11-5, "Cost Analysis Methodology - Direct Versus Contract Inpatient Care," for instructions and sample cost analysis worksheet. The completed cost analysis worksheet is to be included here.)

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TAB G

SPACE SUMMARY

[Complete the applicable sections in this Tab related to the proposed health care program and proposed facility].

The facility space required to support the IHS health care delivery program is [        ] gross square meters.

	DEPARTMENT NET <u>SQUARE METERS</u>	DEPARTMENT GROSS <u>SQUARE METERS</u>	FLOOR GROSS <u>SQUARE METERS</u>
Inpatient Services		x 1.2	
Diagnostic Services		x 1.2	
Ambulatory Services		x 1.2	
Administrative Services		x 1.2	
Support Facilities	_____	_____	x 1.2 _____

Total

Total Floor  
Gross  
Square Meters

Major Mechanical Space = \_\_\_\_\_ x 0.12 = [        ]

Special Space [List floor area (m<sup>2</sup>) for any special space, such as arctic entries, interstitial space (hospitals only), detached garages for heavy equipment, etc. Justification must be provided in Appendix 1, Tab G.]

Facility Building Gross Square Meters = [        ]

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Department Number	Department Name	Department Net Square Meters (DNM <sup>2</sup> )	Department FACTOR	Department Gross Square Meters (DGM <sup>2</sup> )
I. <u>INPATIENT SERVICES</u>				
11.00	Acute Care Nursing		x 1.50	
12.00	Nursery		x 1.45	
13.00	Intensive Care/Step-Down		x 1.35	
14.00	Surgery		x 1.55	
15.00	Labor/Delivery		x 1.55	
16.00	Substance Abuse		x 1.25	
17.00	Psychiatric Nursing	[ ]	x 1.25	[ ]
	Total			
II. <u>DIAGNOSTIC SERVICES</u>				
21.00	Laboratory		x 1.30	
22.00	Radiology	[ ]	x 1.45	[ ]
	Total			
III. <u>AMBULATORY SERVICES</u>				
31.00	Emergency Urgent Care		x 1.35	
32.00	Ambulatory Care		x 1.35	
33.00	Community Health		x 1.20	
34.00	Dental Clinic		x 1.30	
35.00	Pharmacy		x 1.25	
36.00	Physical Therapy		x 1.30	
37.00	Respiratory Therapy		x 1.30	
39.00	End Stage Renal Disease	[ ]	x 1.25	[ ]
	Total			
IV. <u>ADMINISTRATIVE SERVICES</u>				
41.00	Administration		x 1.25	
42.00	Health Records		x 1.20	
43.00	Employee Facilities		x 1.15	
44.00	Education and Consultation		x 1.25	
45.00	Public Facilities	[ ]	x 1.15	[ ]
	Total			



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V. SUPPORT SERVICES

51.00	Medical Supply		x 1.15	
52.00	Property and Supply		x 1.10	
53.00	Dietetics Unit		x 1.20	
54.00	Housekeeping & Linen		x 1.05	
55.00	Facilities Management		x 1.15	
56.00	Building Services		x 1.10	
57.00	Clinical Engineering	[ ]	x 1.00	[ ]
	Total			
	Total All Departments			

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APPENDIX 1 (if required)

JUSTIFICATION FOR DEVIATIONS FROM HEALTH FACILITIES PLANNING MANUAL

Space Standards Deviations

Criteria		Deviations from HFPM	
<u>Number</u>	<u>Room Name</u>	<u>(NM<sup>2</sup>)</u>	<u>Justification</u>
<u>[Dept. No.]</u>	<u>[Department Name]</u>		
[Number]	[Room Name]	[+/- NM <sup>2</sup> ]	[Provide short narrative justification for each deviation]

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APPENDIX 2 (if required)

JUSTIFICATION FOR SPACE FOR TRIBAL PROGRAMS

Criteria <u>Number</u>	<u>Room Name</u>	Space <u>(NM<sup>2</sup>)</u>	<u>Justification</u>
<u>[Dept. No.]</u>	<u>[Department Name]</u>		
[Number]	[Room Name]	[NM <sup>2</sup> ]	[Provide short narrative justification for each deviation]

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TAB H

PROGRAM JUSTIFICATION FOR QUARTERS

[See Technical Handbook, Volume II, Part 13, Chapter 13-6 for prototype PJDQ.]